

Health Care in Massachusetts: Key Indicators

January 2008

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Commonwealth of Massachusetts
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Lieutenant Governor



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About this Report

Health Care in Massachusetts: Key Indicators is a new quarterly report from the Division of Health Care Finance and Policy. *Key Indicators* provides an overview of the Massachusetts health care landscape through data reported by providers, health plans, government, and through surveys of Massachusetts residents and employers.

This report reviews the progress of statewide efforts to expand health insurance coverage, the financial performance of hospitals, community health centers and health plans, health insurance costs, and consumer access to health care. These indicators provide an important framework for measuring our progress as we continue implementation of health reform in 2008. A common baseline provides an opportunity to reflect on our course so far and to consider the opportunities and challenges that lie ahead.

The indicators in this report draw on data from many different sources. Notes at the bottom of each page describe the data source, methodology, and time period. We want to make this report as useful as possible and welcome your feedback on *Health Care in Massachusetts: Key Indicators*.

The Division would like to thank Nancy Turnbull of the Harvard School of Public Health for her strategic and analytic support in the conception and development of this report, and staff at the Department of Public Health, including Monica Valdes Lupi, Bruce B. Cohen, Gerald O'Keefe and Zi Zhang for their significant contributions to the health care access section. We also thank Robin Callahan and Ben Walker in the Office of the Medicaid Director; Bob Carey at the Commonwealth Health Insurance Connector Authority; and Catherine Moore at the Group Insurance Commission for their support and review of the data. Finally, we thank the staff at the health plans for their timely responses to our requests for enrollment data.

About DHCFP

The Mission of the Division of Health Care Finance and Policy (DHCFP) in the Executive Office of Health and Human Services is to improve the delivery and financing of health care by providing information, developing policies, and promoting efficiencies that benefit the people of Massachusetts.

The goals of the Division are to assure the availability of relevant health care delivery system data to meet the needs of health care purchasers, providers, consumers, and policy-makers; advise and inform decision-makers in the development of health care policies; develop health care pricing policies that support the cost-effective procurement of high-quality services for public beneficiaries; and improve access to health care for low-income uninsured and underinsured residents.

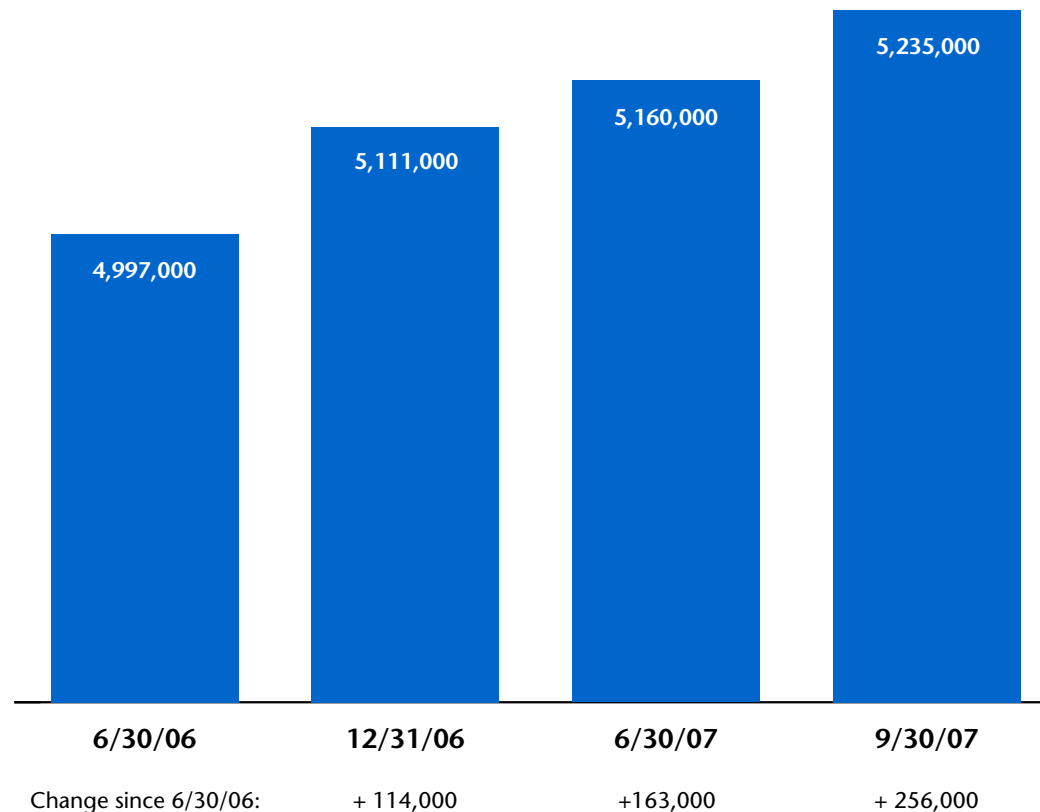
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People with Health Insurance

Excludes Medicare Enrollees Ages 65+

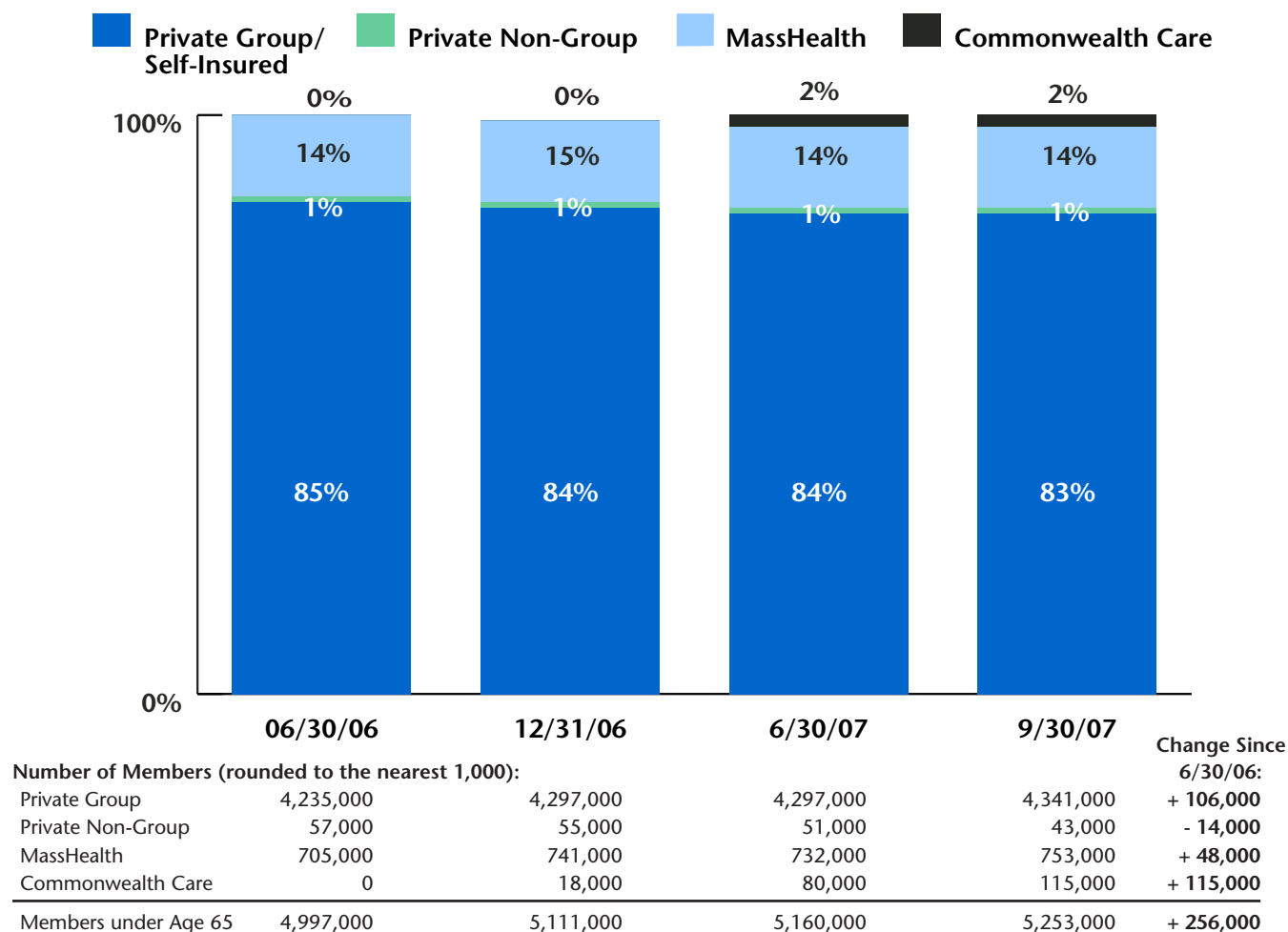


The number of people enrolled in private or subsidized health insurance products has increased by 256,000 people since health care reform began to be implemented.

Note: Data reflect total enrollment, rounded to the nearest thousand, as of the specified date. These data do not include approximately 18,000 people insured through small employers who purchase coverage from health plans that are not required to report quarterly enrollment statistics to the Division of Insurance. DHCFP intends to track enrollment in these plans in future versions of this report. Recent public announcements on new enrollments includes enrollment that took place after September 30, 2007.
Source: Membership reported to DHCFP by health plans, MassHealth, and the Group Insurance Commission; Commonwealth Care enrollment data are from the Connector.

Insured Population by Type of Insurance

Excludes Medicare Enrollees Ages 65+

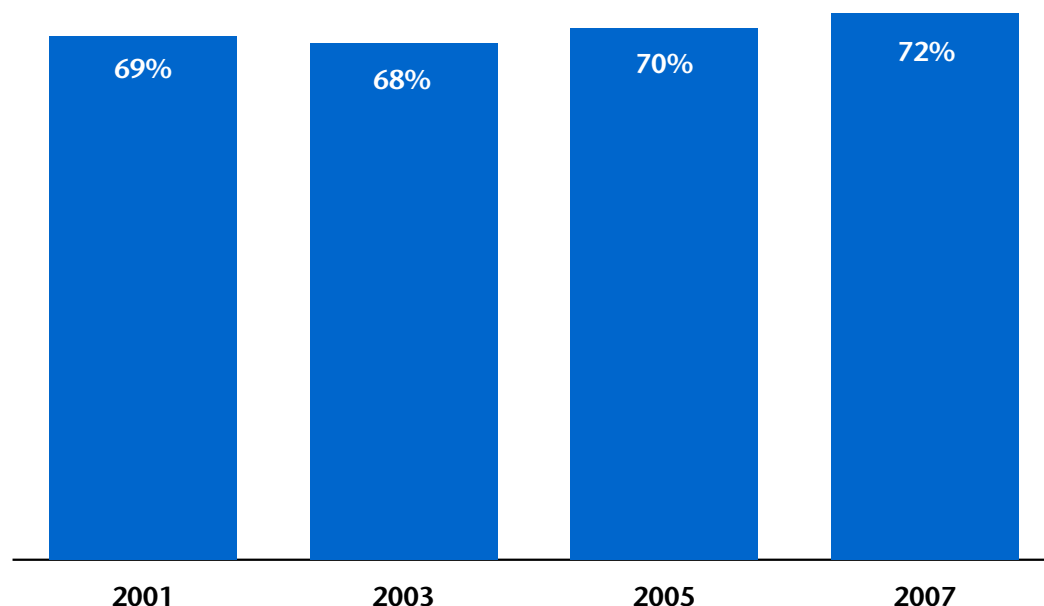


Note: Data reflect total enrollment, rounded to the nearest thousand, as of the specified date, excluding Medicare enrollees over age 65. Private Group includes group, small group, Commonwealth Choice, self-insured, and GIC members. Private Non-Group includes individual members. MassHealth includes members with comprehensive coverage and excludes those with partial coverage or premium assistance, such as Seniors, MassHealth Limited, individuals with third party liability (e.g. disabled with Medicare), and Family Assistance/Insurance Partnership. Commonwealth Care includes all private plans. These data do not include approximately 18,000 people insured through small employers who purchase coverage from health plans that are not required to report quarterly enrollment statistics to the Division of Insurance. Recent public announcements on new enrollments includes enrollment that took place after September 30, 2007. Source: Data reflect membership reported to DHCFP by health plans, MassHealth, and the Group Insurance Commission; Commonwealth Care enrollment data are from the Connector.

The distribution of the insured population by source of insurance has not changed significantly since health reform began to be implemented. However, private group insurance has grown by more than 100,000 enrollees.

Employers Offering Health Insurance

Percent of Employers



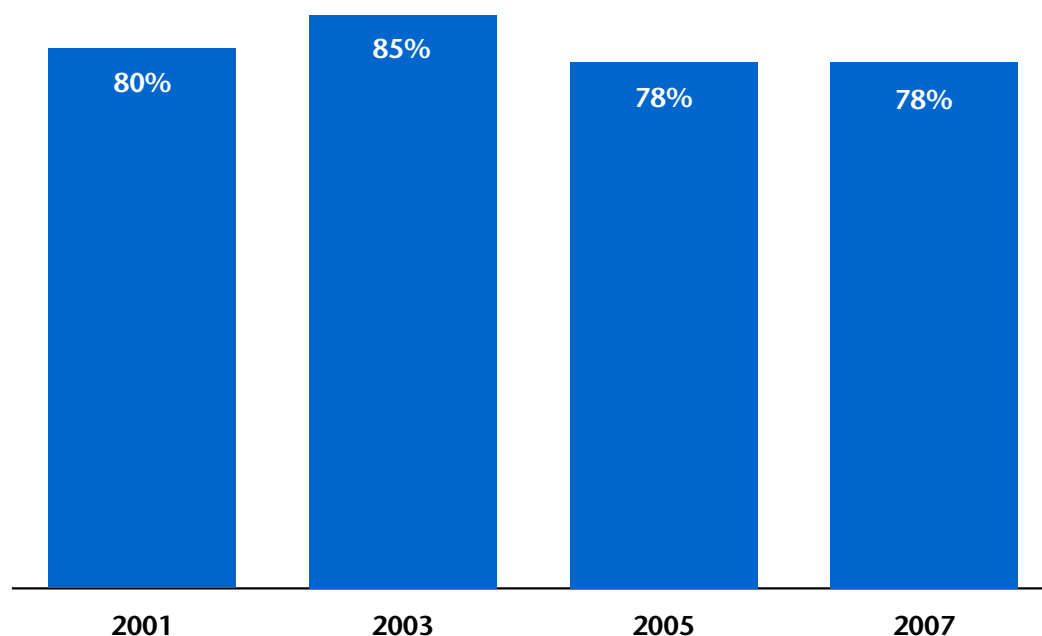
Nearly three-quarters of Massachusetts employers offer health insurance to their employees. The Massachusetts employer offer rate has held steady, even as the employer offer rate nationally declined from 68% to 60% between 2001 and 2007, as reported in the Kaiser/HRET survey.

Note: The changes from year-to-year are not statistically significant.

Source: DHCFP Employer Survey for 2001, 2003, 2005, and 2007. National data from the Henry J. Kaiser Family Foundation/Health Research and Educational Trust Employer Benefits Survey, 2001-2007.

Employees Enrolled in Health Insurance

Percent of Eligible Employees



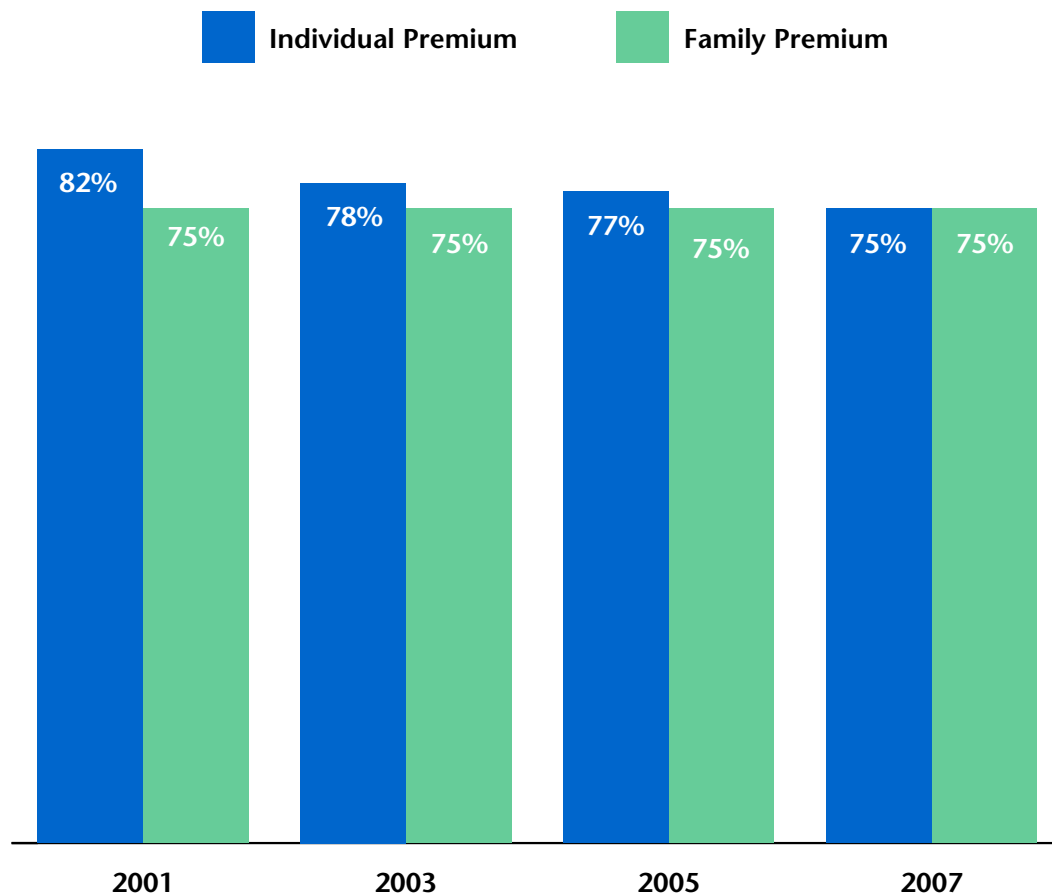
More than three-quarters of employees eligible for health insurance enrolled in their employer's health plan in 2007. Nationally, the take-up rate for employees eligible for health insurance was 82% in 2007 as reported in the Kaiser/HRET survey. While Massachusetts employers are more likely to offer coverage than employers nationwide, employees are less likely to enroll.

Note: Data reflect medians.

Source: DHCFP Employer Survey for 2001, 2003, 2005, and 2007. National data from the Henry J. Kaiser Family Foundation/Health Research and Educational Trust Employer Benefits Survey, 2001-2007.

Employer Contributions to Health Insurance

Percent of Individual and Family Premiums



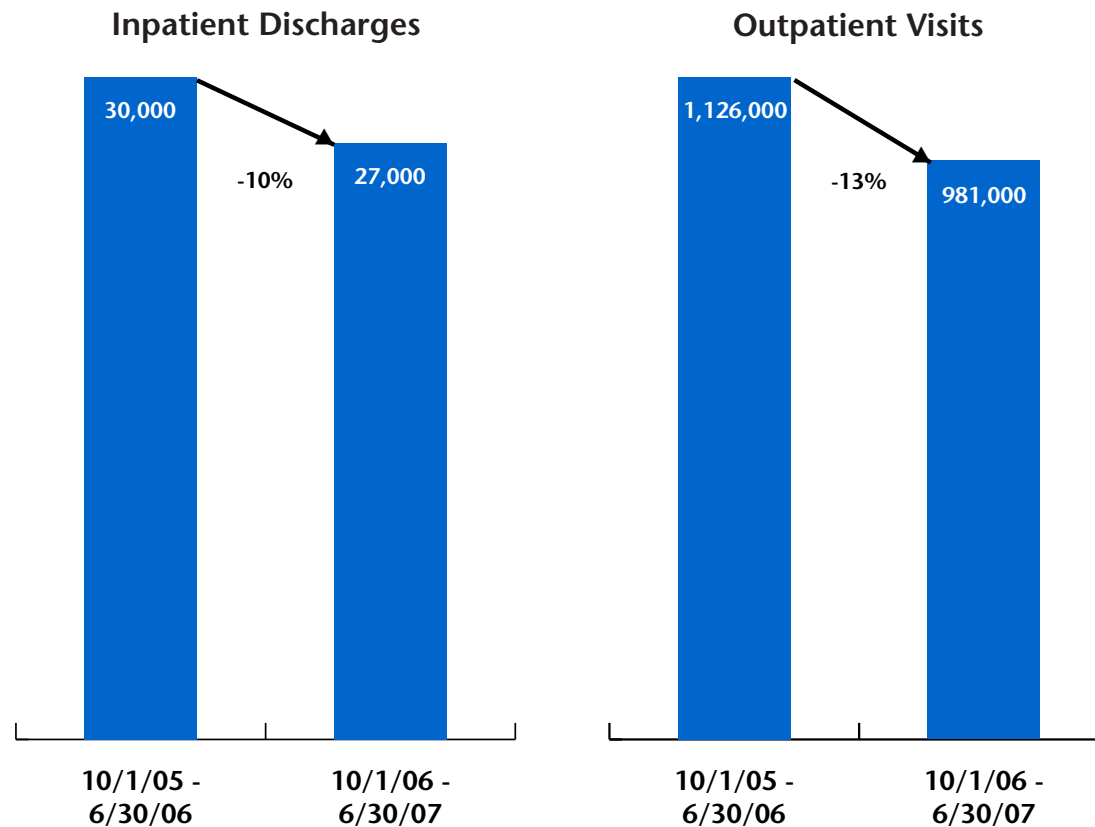
Most Massachusetts employers contribute at least 75% toward their employees' health insurance premiums. While Massachusetts employers' contributions are comparable to employers nationwide for family plans (75% in Massachusetts versus 73% nationally as reported in the 2007 Kaiser/HRET survey), contributions are significantly lower for individual plans (75% in Massachusetts versus 85% nationally).

Note: Data reflect medians.

Source: DHCFP Employer Survey for 2001, 2003, 2005, and 2007. National data from the Henry J. Kaiser Family Foundation/Health Research and Educational Trust Employer Benefits Survey, 2001-2007.

Hospital Volume

Inpatient Discharges and Outpatient Visits

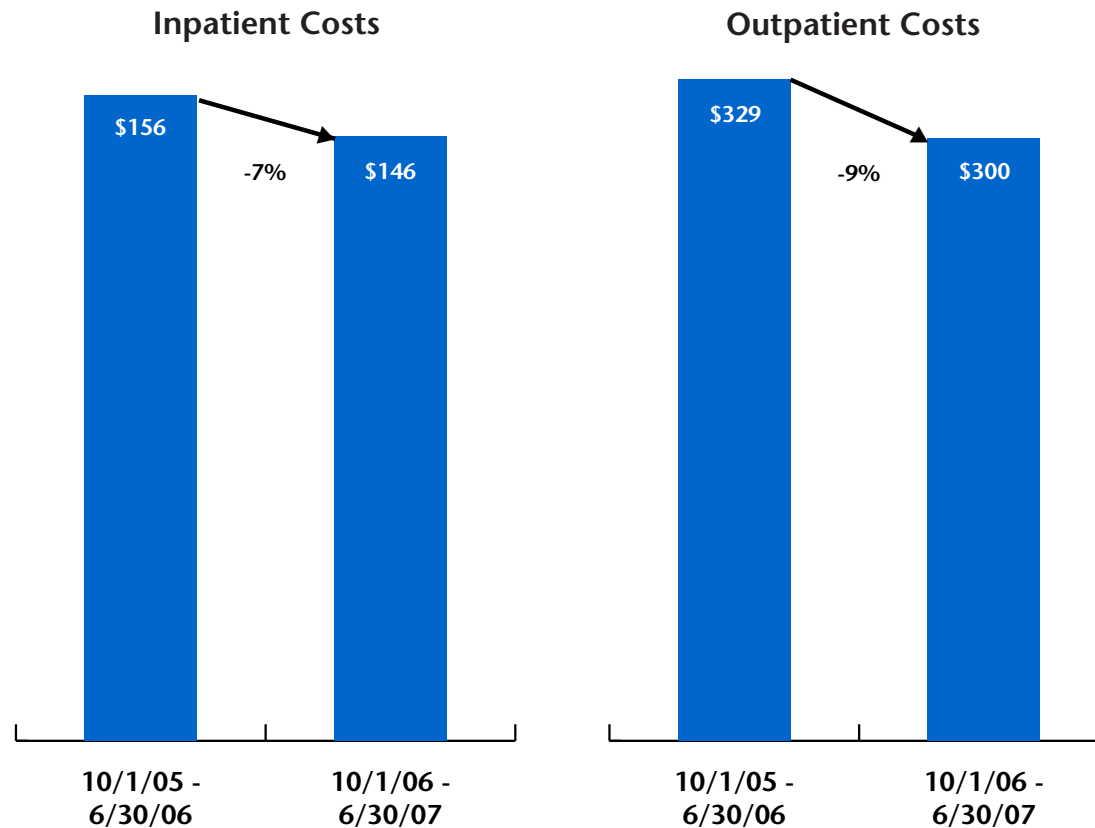


The number of hospital inpatient discharges and outpatient visit claims submitted to the Uncompensated Care Pool declined by approximately 13% overall during the first nine months of Pool fiscal year 2007 (October 1 through June 30) compared to the same period in Pool fiscal year 2006.

Note: The Pool Fiscal Year (PFY) runs from 10/1 through 9/30 of the following year, e.g., PFY06 ran from 10/1/05 through 9/30/06. Numbers are rounded to the nearest thousand.
Source: DHCFP UCP Claims Database, data reported as of 11/27/07.

Hospital Costs

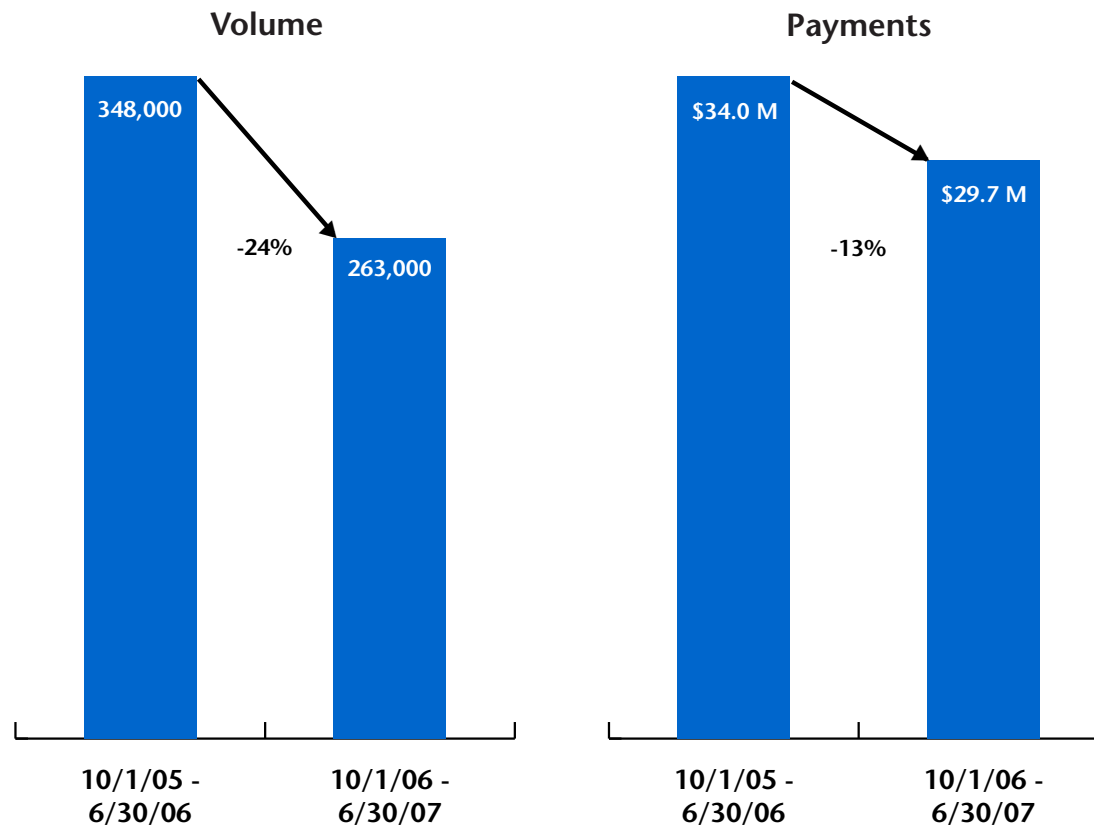
Inpatient and Outpatient (in millions)



The cost of acute hospital claims submitted to the Uncompensated Care Pool declined by 8% overall during the first nine months of Pool fiscal year 2007 (October 1 through June 30) compared to the same period in Pool fiscal year 2006.

Note: The Pool Fiscal Year (PFY) runs from 10/1 through 9/30 of the following year, e.g., PFY06 ran from 10/1/05 through 9/30/06.
Source: DHCFP UCP Claims Database, data reported as of 11/27/07.

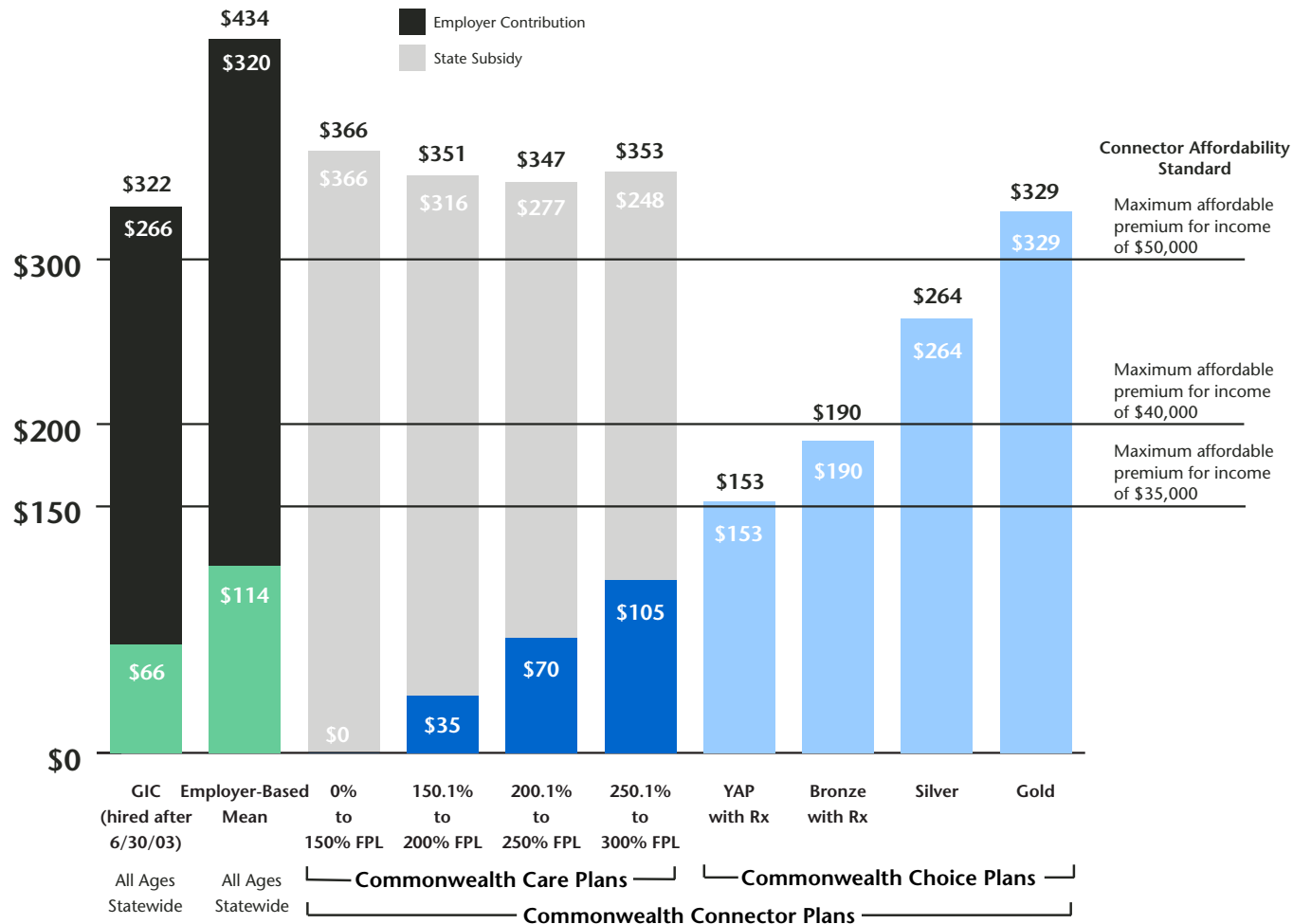
CHC Volume and Payments



Community health center (CHC) Uncompensated Care Pool visit volume and payments decreased by 24% and 13%, respectively, for the first nine months of Pool fiscal year 2007 compared to the same period in Pool fiscal year 2006.

Note: The Pool Fiscal Year (PFY) runs from 10/1 through 9/30 of the following year, e.g., PFY06 ran from 10/1/05 through 9/30/06. CHC volume is rounded to the nearest thousand.
Source: DHCFP UCP Claims Database, data extracted 11/27/07

Lowest Monthly Cost of Health Insurance Employer and Connector Plans for Individuals



Commonwealth Care premiums for individuals compare favorably to the average employee contribution for employer-based coverage.

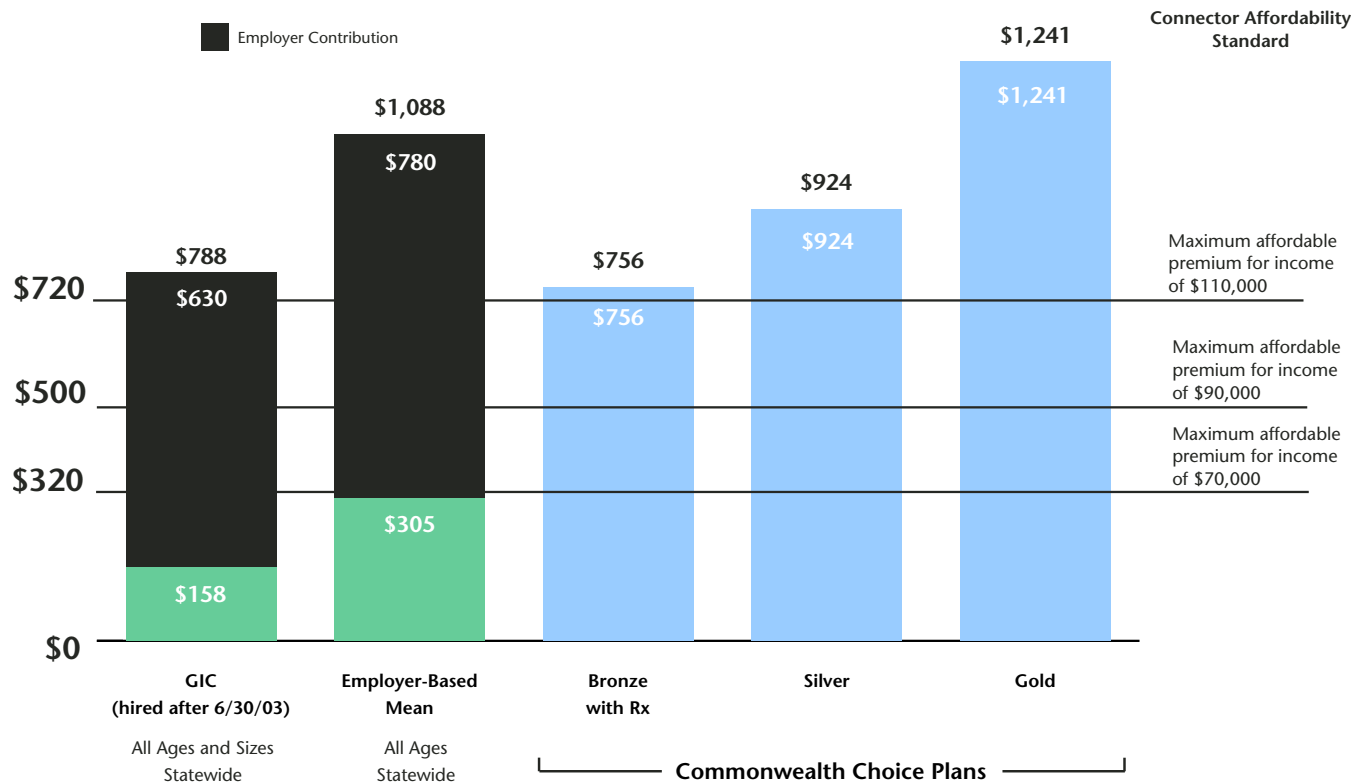
These premiums were compared to the affordability schedule that was established by the Commonwealth Health Insurance Connector Authority on 6/27/07 for the calendar year 2007. Please visit www.mahealthconnector.org for more details.

Note: The calculation of mean premiums for private employer-based insurance does not include those paid by government employees. Premium for Commonwealth Choice YAP with Rx plan calculated for a 22 year old unemployed individual living in Boston. Premiums for Commonwealth Choice Bronze with Rx, Silver, and Gold plans calculated for a 37 year old unemployed individual living in Boston. Data were rounded to the nearest whole dollar.

Source: 2007-2008 GIC Benefit Decision Guide; 2007 DHCFF Employer Survey; Connector Affordability Schedule, Commonwealth Connector website www.mahealthconnector.org. All data reported as of 10/2/07. These premiums were compared to the affordability schedule that was established by the Commonwealth Health Insurance Connector Authority on 6/27/07 for calendar year 2007. Please visit www.mahealthconnector.org for more details.

Lowest Monthly Cost of Health Insurance

Employer and Connector Plans for Families



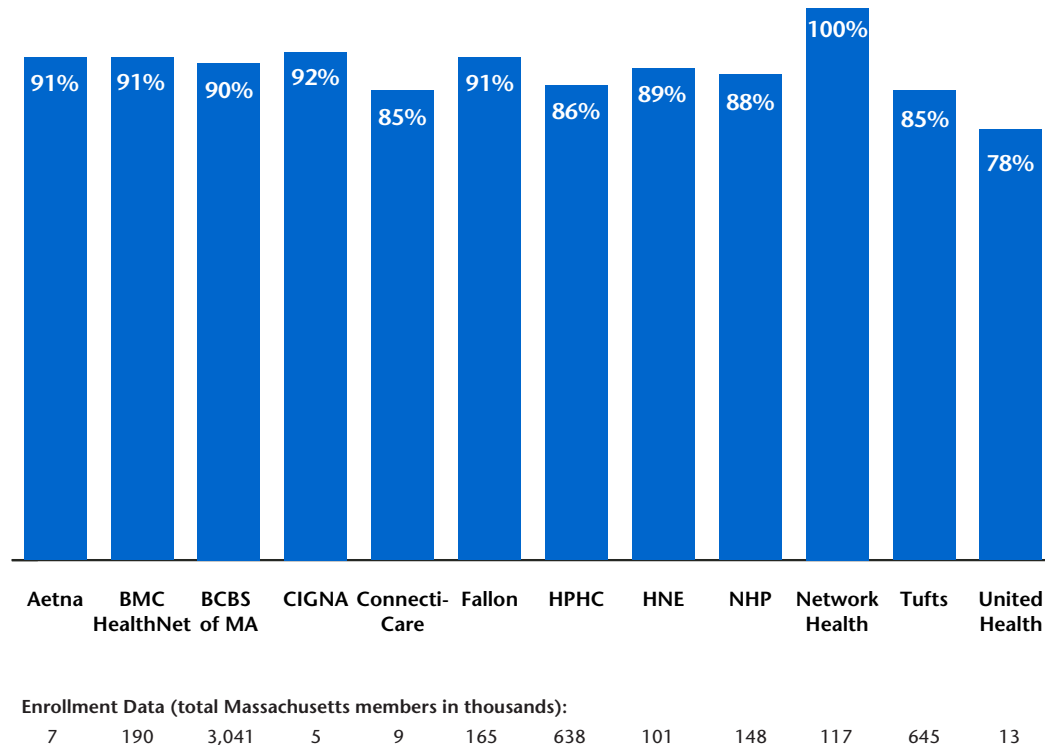
Commonwealth Choice premium contributions for families are higher than the average employee contribution for employer-based family coverage.

These premiums were compared to the affordability schedule that was established by the Commonwealth Health Insurance Connector Authority on 6/27/07 for the calendar year 2007. Please visit www.mahealthconnector.org for more details.

Note: Commonwealth Care plans provide coverage for adult individuals only, and therefore, do not have family plans. The calculation of mean premiums for private employer-based insurance does not include those paid by government employees. Premiums for Commonwealth Choice Bronze with Rx, Silver, and Gold plans calculated for a family of four, with two 37 year old unemployed parents and two children, living in Boston. Data were rounded to the nearest whole dollar.
Source: 2007-2008 GIC Benefit Decision Guide; 2007 DHCFP Employer Survey; Connector Affordability Schedule, Commonwealth Connector website www.mahealthconnector.org. All data reported as of 10/2/07. These premiums were compared to the affordability schedule that was established by the Commonwealth Health Insurance Connector Authority on 6/27/07 for calendar year 2007. Please visit www.mahealthconnector.org for more details.

Medical Expense Ratio

by Health Plan for the First Six Months of 2007

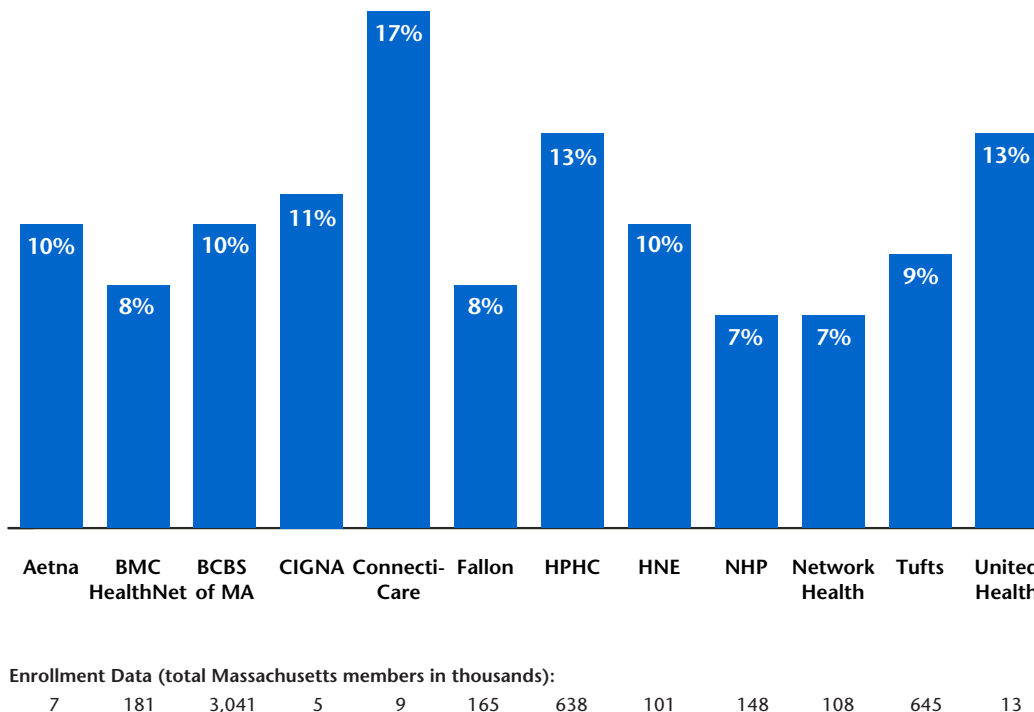


The four largest Massachusetts health plans spent between 85% and 91% of their total revenue dollar on medical services provided to members in the first six months of 2007.

Note: Medical expense ratio is calculated by dividing total hospital and medical expenses by total revenue (including investment gain/loss). Blue Cross Blue Shield of Massachusetts (BCBSMA) includes the combined performance of BCBSMA and HMO Blue. Fallon includes the combined performance of Fallon Community Health Plan and Fallon Life and Health Assurance Company. Ratios may not sum to 100% due to rounding.

Source: Division of Insurance quarterly financial statements. BMC HealthNet and CHA Network Health data from MassHealth 4B and insolvency reports from 6/30/07, with a "paid through" date of 7/31/07. In addition, insurers were asked to provide enrollment statistics for MA residents only, including self-insured members; data above was reported by the plans.

Administrative Expense Ratio by Health Plan for the First Six Months of 2007



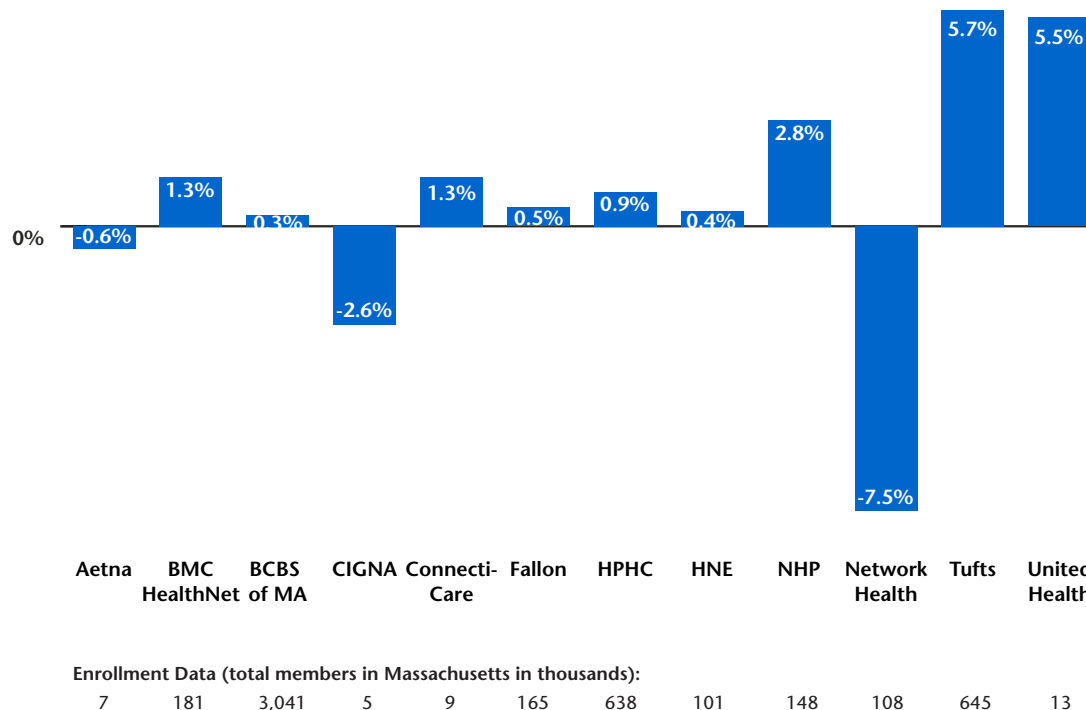
The four largest health plans spent between 8% and 13% of their total revenue on administrative expenses including staff, claims processing, rent and clinical oversight.

Note: Administrative expense ratio is calculated by dividing total administrative expenses (including claims adjustment and general administrative expenses) by total revenue (including investment gain/loss). BCBSMA includes the combined performance of BCBSMA and HMO Blue. Fallon includes the combined performance of Fallon Community Health Plan and Fallon Life and Health Assurance Company. Ratios may not sum to 100% due to rounding.

Source: Division of Insurance quarterly financial statements. BMC HealthNet and CHA Network Health data from MassHealth 4B and insolvency reports from 6/30/07, with a "paid through" date of 7/31/07. In addition, insurers were asked to provide enrollment statistics for MA residents only, including self-insured members; data above was reported by the plans.

Profit Margin

by Health Plan for the First Six Months of 2007

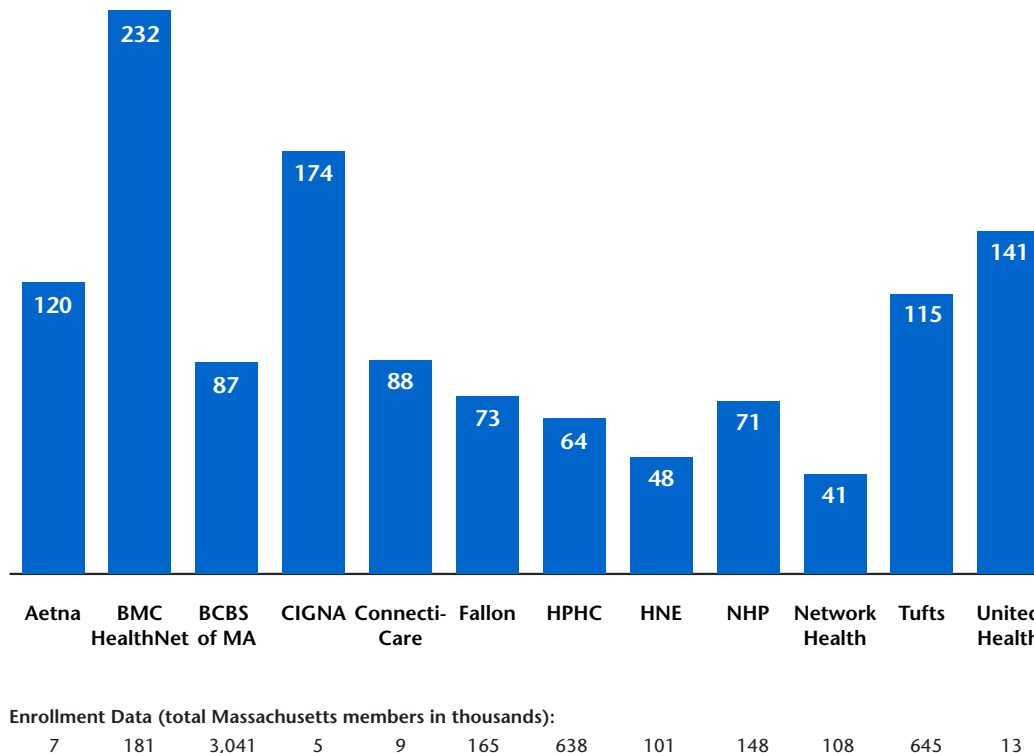


Profit margin represents the net margin available to the plan for other purposes after paying medical claims and administrative costs. Profit margins for the four largest health plans ranged from less than 1% to nearly 6% in the first six months of 2007.

Note: Profit margin is calculated by dividing net income by total revenue (including investment gain/loss). BCBSMA includes the combined performance of BCBSMA and HMO Blue. Fallon includes the combined performance of Fallon Community Health Plan and Fallon Life and Health Assurance Company. Ratios may not sum to 100% due to rounding.
 Source: Division of Insurance quarterly financial statements. BMC HealthNet and CHA Network Health data from MassHealth 4B and insolvency reports from 6/30/07, with a "paid through" date of 7/31/07. In addition, insurers were asked to provide enrollment statistics for MA residents only, including self-insured members; data above was reported by the plans.

Days in Reserve

by Health Plan for the First Six Months of 2007

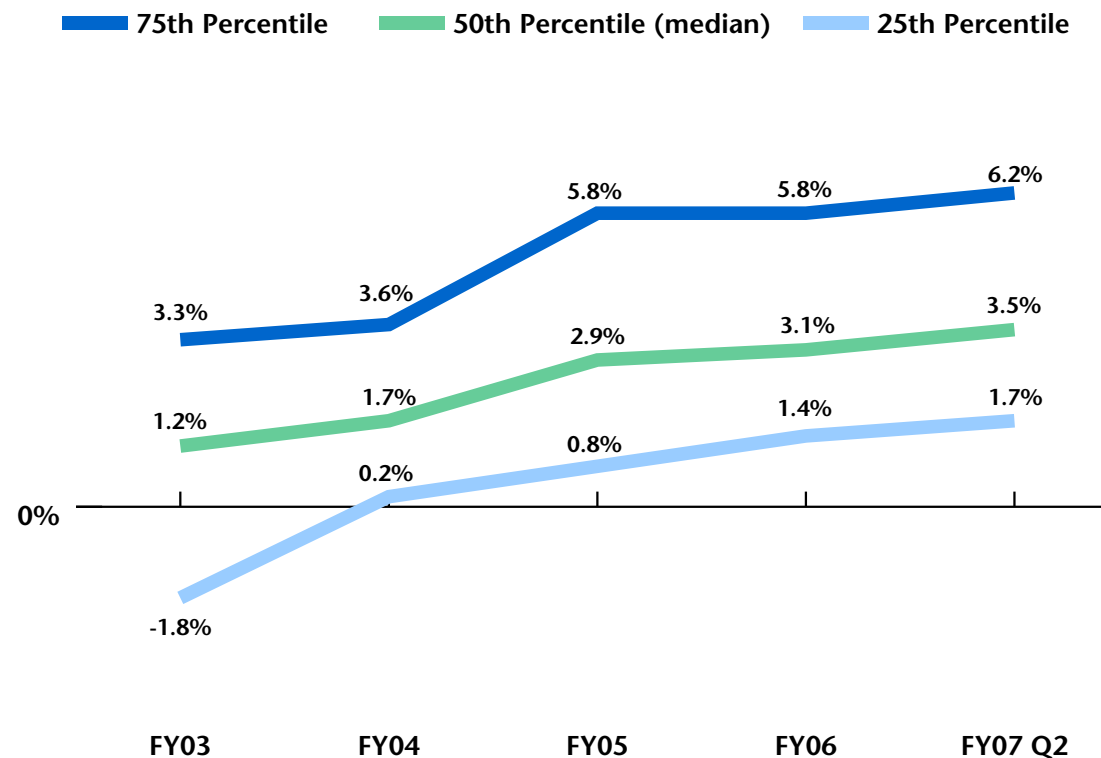


Days in reserve is a measure of financial solvency. It reflects the number of days of medical expenses a plan could fund from its net worth. Performance on this measure varies widely, but nearly every plan has at least two months days in reserve and the majority have close to three months.

Note: Days in reserve is calculated by dividing net worth (including total capital and surplus) by the result of dividing total hospital and medical expenses by the number of days in the YTD period. BCBSMA includes the combined performance of BCBSMA and HMO Blue. Fallon includes the combined performance of Fallon Community Health Plan and Fallon Life and Health Assurance Company. Ratios may not sum to 100% due to rounding.

Source: Division of Insurance quarterly financial statements. BMC HealthNet and CHA Network Health data from MassHealth 48 and insolvency reports from 6/30/07, with a paid through date of 7/31/07. In addition, insurers were asked to provide enrollment statistics for MA residents only, including self-insured members; data above was reported by the plans.

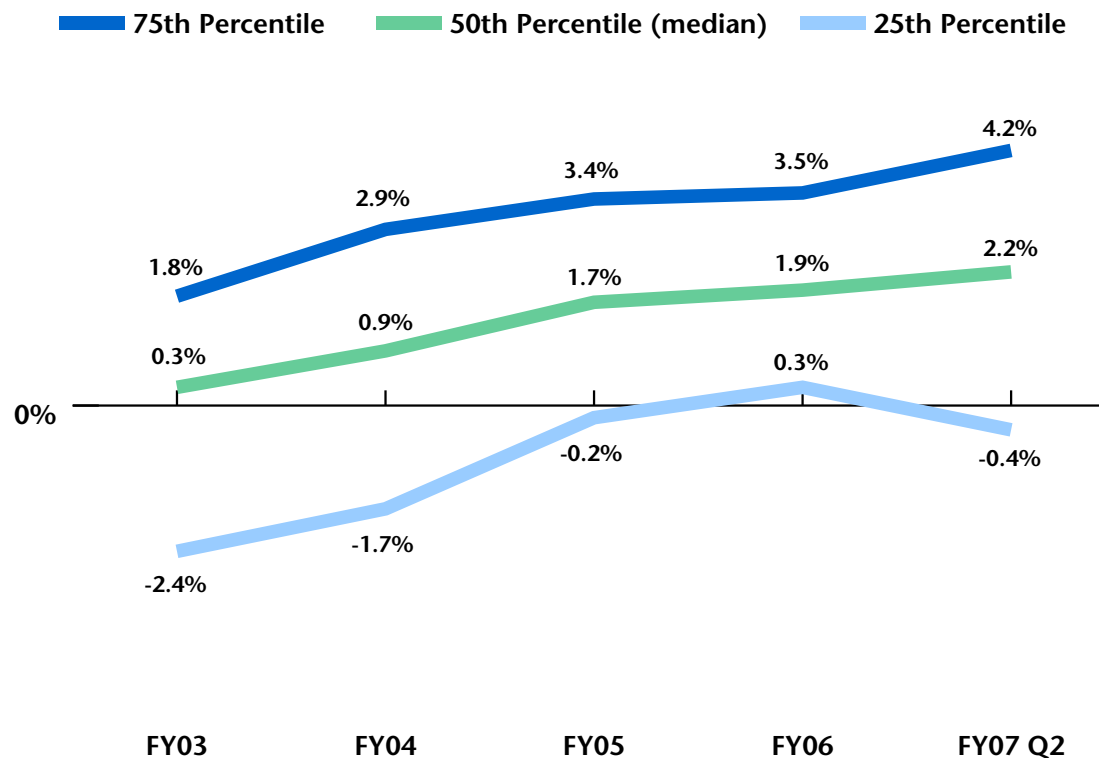
Total Margin Trend by Year



The overall financial performance of acute hospitals has improved steadily over the past four years.

Note: Total margin is calculated by dividing total income by total revenue. Fiscal Year Ends (FYE) vary across hospitals: of 66 hospitals, 3 hospitals have a 6/30 FYE, 1 hospital has a 3/31 FYE, and 1 hospital has a 12/31 FYE. The remaining 61 hospitals have a 9/30 FYE. Source: DHCFP Acute Hospital Financial Data, data reported as of 10/2/07.

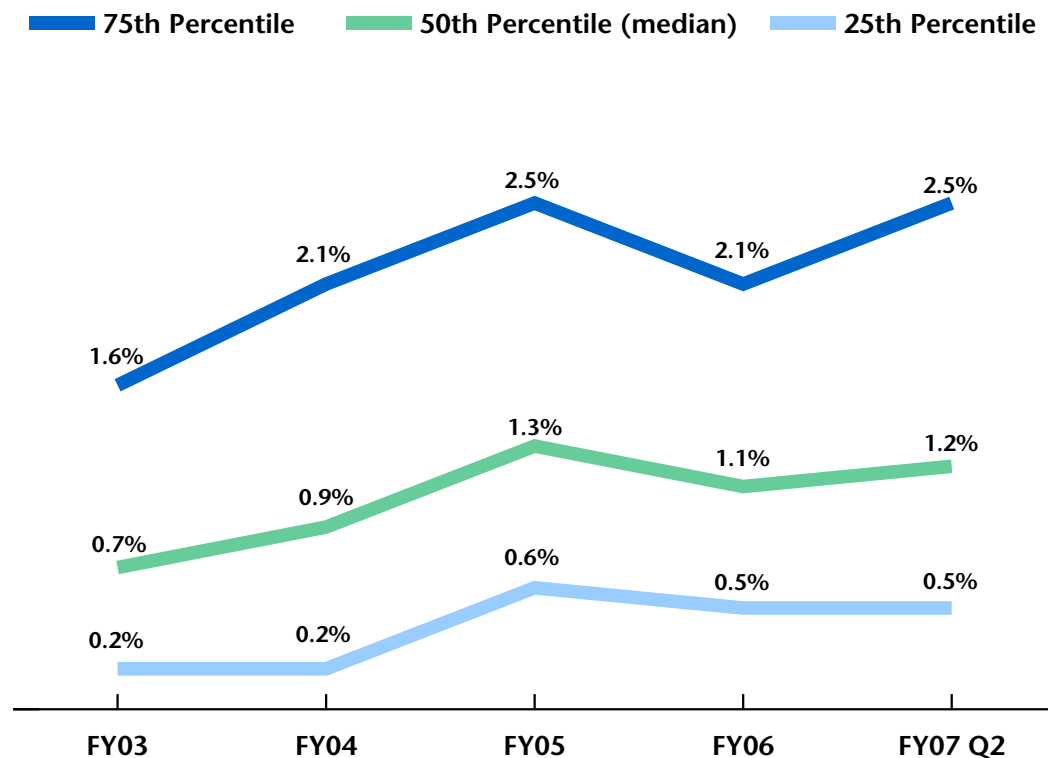
Operating Margin Trend by Year



Most acute hospitals experienced positive operating margins in the past year. However, a significant gap remains between the highest and lowest performing acute hospitals.

Note: Operating margin is calculated by dividing operating income by total revenue. Fiscal Year Ends (FYE) vary across hospitals: of 66 hospitals, 3 hospitals have a 6/30 FYE, 1 hospital has a 3/31 FYE, and 1 hospital has a 12/31 FYE. The remaining 61 hospitals have a 9/30 FYE.
Source: DHCFP Acute Hospital Financial Data, data reported as of 10/2/07.

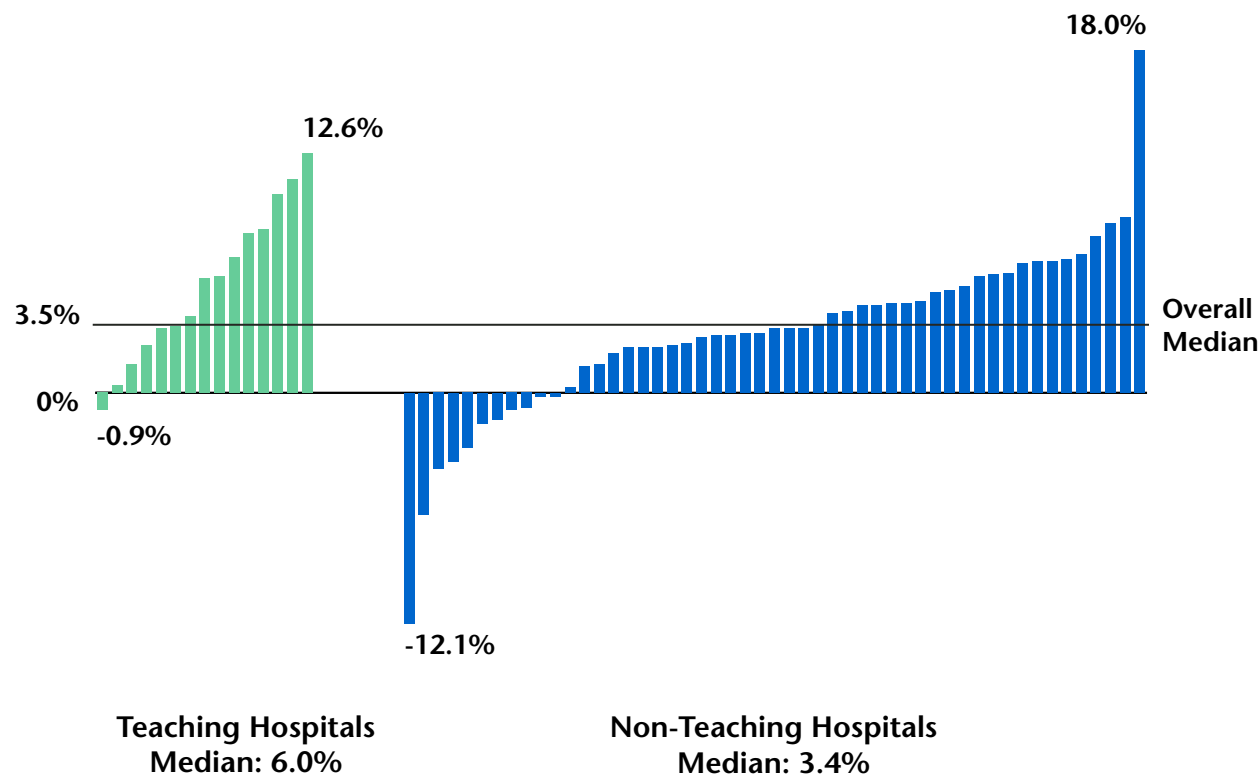
Non-Operating Margin Trend by Year



Non-operating margins for acute hospitals have improved over the past four years. However, the highest performing hospitals have experienced much greater gains than the lowest performing group of hospitals.

Note: Non-operating margin is calculated by dividing non-operating income by total revenue. Fiscal Year Ends (FYE) vary across hospitals: of 66 hospitals, 3 hospitals have a 6/30 FYE, 1 hospital has a 3/31 FYE, and 1 hospital has a 12/31 FYE. The remaining 61 hospitals have a 9/30 FYE.
Source: DHCFP Acute Hospital Financial Data, data reported as of 10/2/07.

Total Margin by Teaching Status for FY07 Q2

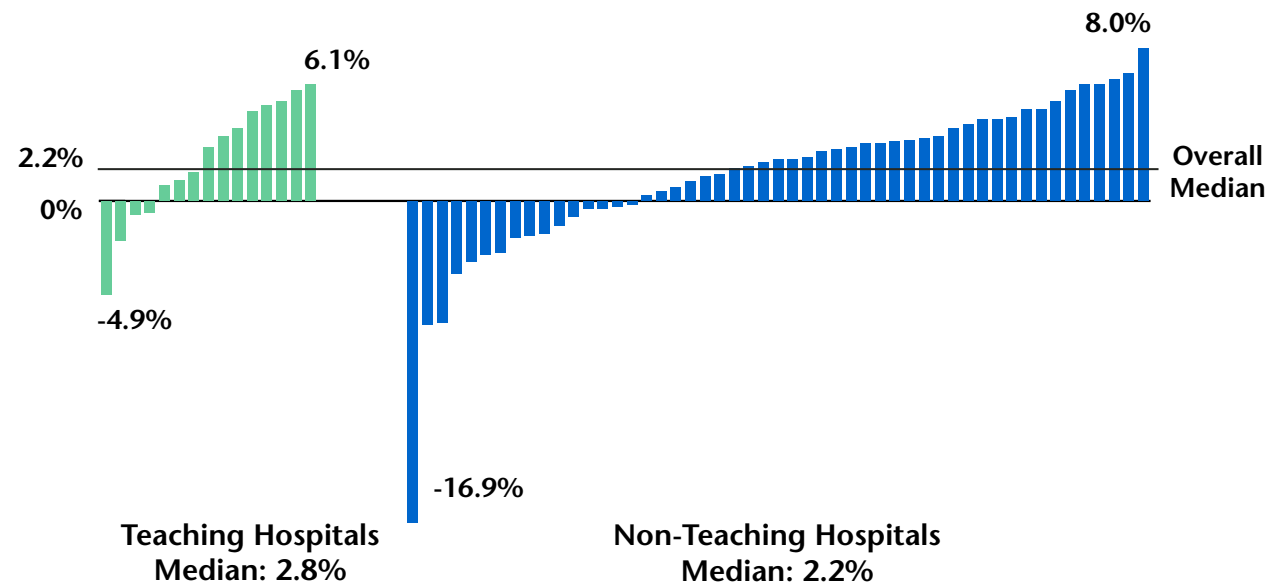


The overall financial performance of acute hospitals varies widely by teaching status. The median total margin for teaching hospitals was 6% through the second quarter of fiscal year 2007 while the median total margin for non-teaching hospitals was 3.4%.

Note: Total margin is calculated by dividing total income by total revenue. Fiscal Year Ends (FYE) vary across hospitals: of 66 hospitals, 3 hospitals have a 6/30 FYE, 1 hospital has a 3/31 FYE, and 1 hospital has a 12/31 FYE. The remaining 61 hospitals have a 9/30 FYE. Source: DHCFP Acute Hospital Financial Data, data reported as of 9/18/07.

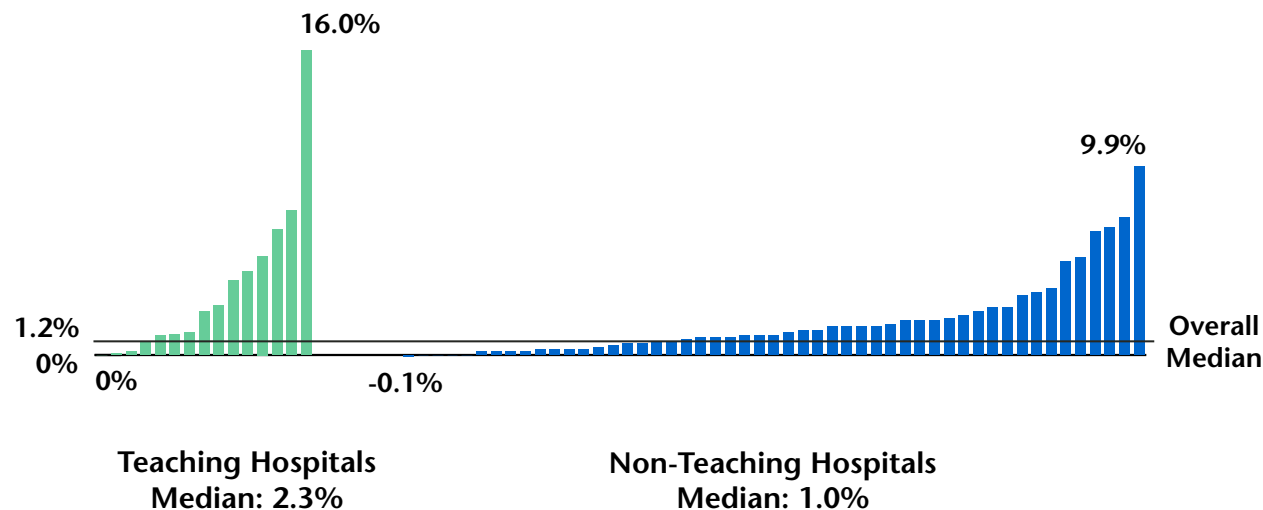
Operating Margin by Teaching Status for FY07 Q2

Teaching hospitals reported a higher operating margin than non-teaching hospitals in FY07 Q2.



Note: Operating margin is calculated by dividing operating income by total revenue. Fiscal Year Ends (FYE) vary across hospitals: of 66 hospitals, 3 hospitals have a 6/30 FYE, 1 hospital has a 3/31 FYE, and 1 hospital has a 12/31 FYE. The remaining 61 hospitals have a 9/30 FYE.
Source: DHCFP Acute Hospital Financial Data, data reported as of 9/18/07.

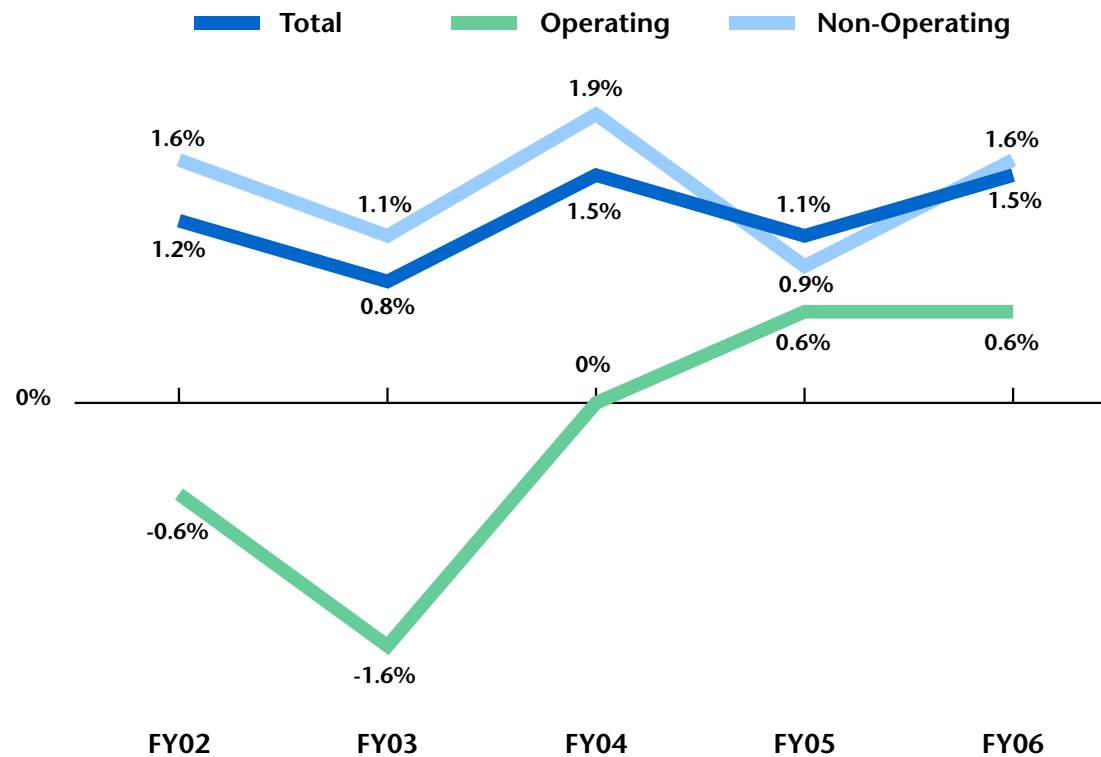
Non-Operating Margin by Teaching Status for FY07 Q2



Non-operating margin performance varies widely by hospital teaching status. The median non-operating margin for teaching hospitals was 2.3% through the second quarter of fiscal year 2007, while the median for non-teaching hospitals was less than half that at 1.0%.

Note: Non-operating margin is calculated by dividing non-operating income by total revenue. Fiscal Year Ends (FYE) vary across hospitals: of 66 hospitals, 3 hospitals have a 6/30 FYE, 1 hospital has a 3/31 FYE, and 1 hospital has a 12/31 FYE. The remaining 61 hospitals have a 9/30 FYE.
Source: DHCFP Acute Hospital Financial Data, data reported as of 9/18/07.

CHC Median Financial Margins by Fiscal Year

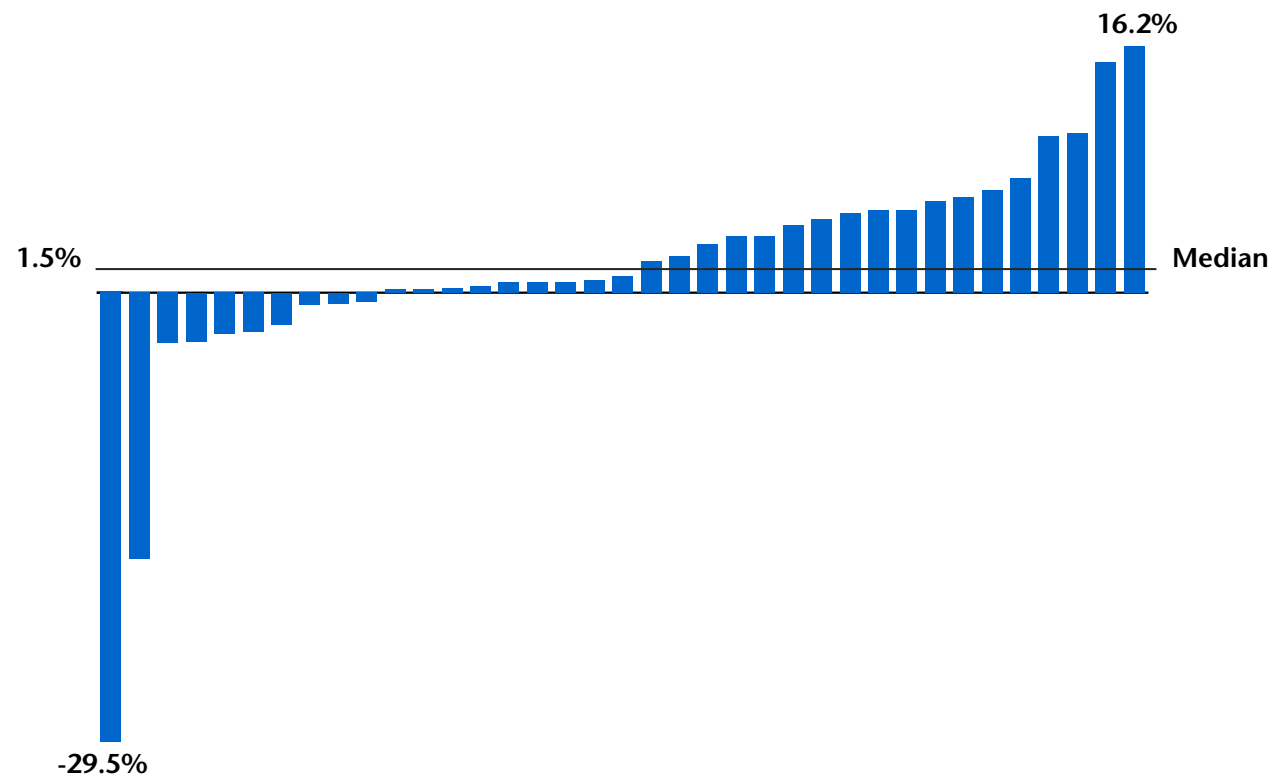


Community health centers (CHCs) have experienced improved financial performance over the past five years through reduction of operating losses.

Note: Fiscal Year Ends (FYE) vary across CHCs: of 37 CHCs, 30 have a 6/30 FYE, 4 have a 9/30 FYE, 2 have a 12/31 FYE, and 1 has a 7/31 FYE.

Source: Data were obtained from CHC audited financial statements, for free-standing CHCs from FY02 through FY06. For FY02, FY03, FY04, FY05, and FY06, 34, 35, 35, 37, and 37 CHCs, respectively, were included in this analysis.

CHC Total Margin in FY06

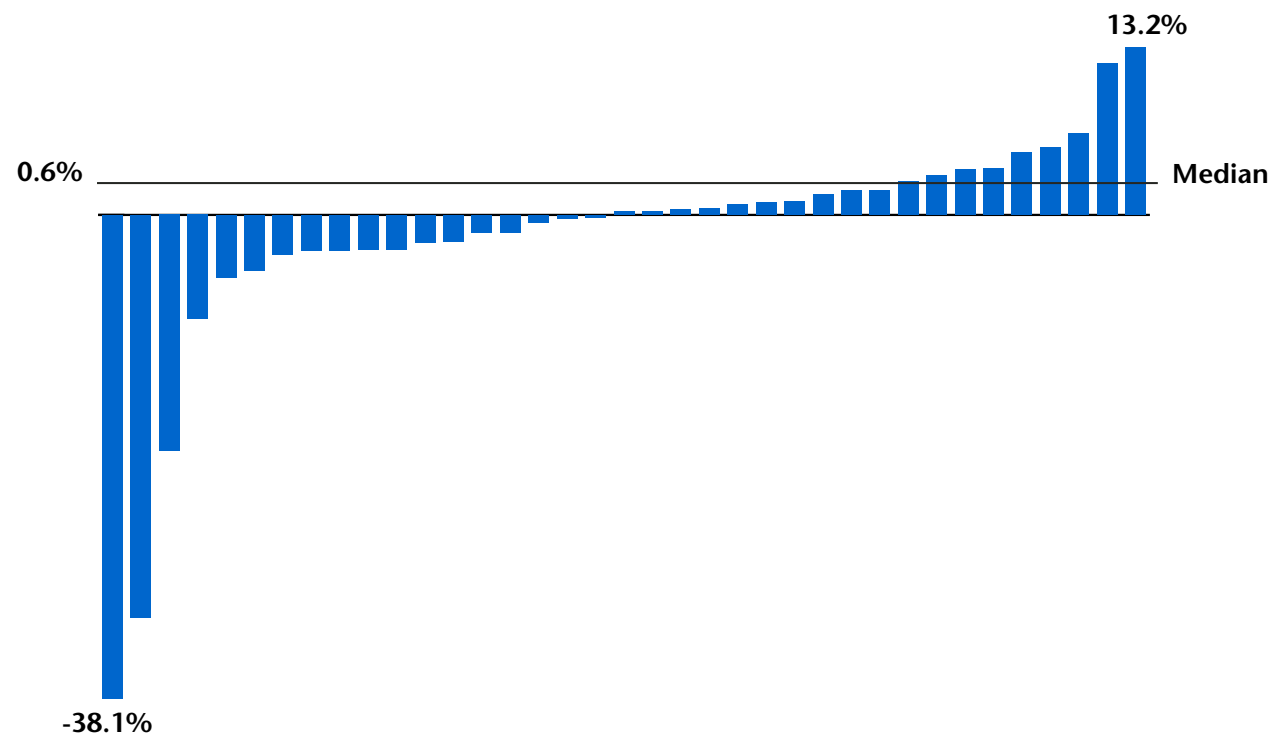


The total margin for community health centers ranged from -30% to 16% in their 2006 fiscal year. Three-quarters of community health centers experienced positive total margins in their 2006 fiscal year, however one-quarter lost money overall.

Note: Total margin is calculated by dividing total income by total revenue. Fiscal Year Ends (FYE) vary across CHCs: of 37 CHCs, 30 have a 6/30 FYE, 4 have a 9/30 FYE, 2 have a 12/31 FYE, and 1 has a 7/31 FYE.

Source: Data were obtained from CHC audited financial statements for free-standing CHCs in FY06. For FY06, 37 CHCs were included in this analysis.

CHC Operating Margin in FY06



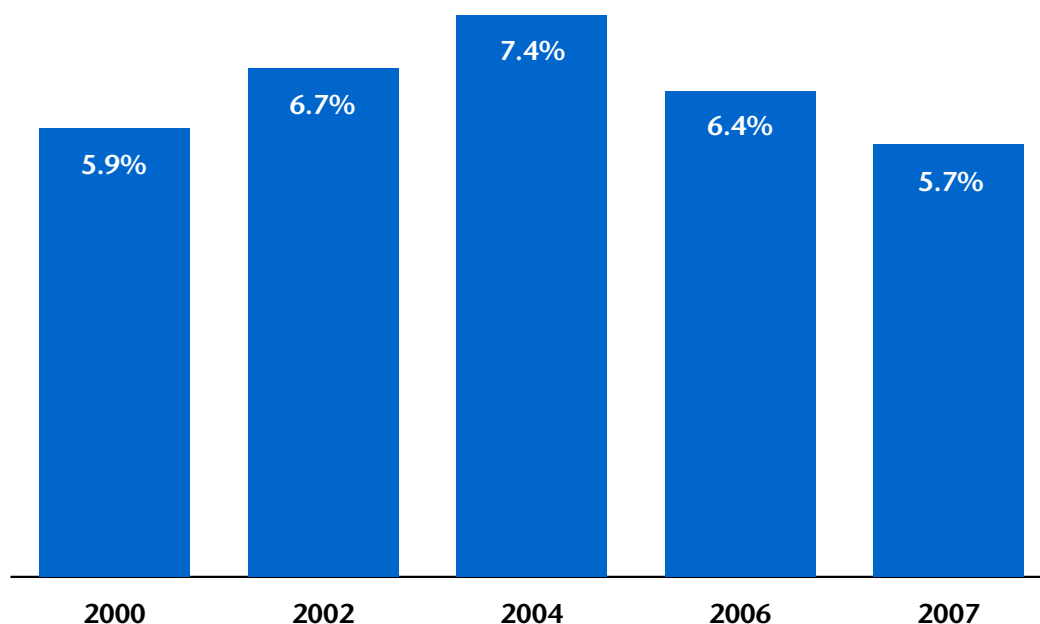
Operating margins for community health centers ranged from -38% to 13% in their 2006 fiscal year. Just over one-half of community health centers experienced positive operating margins, while just under one-half of community health centers lost money on operations.

Note: Operating margin is calculated by dividing operating income by total revenue. Fiscal Year Ends (FYE) vary across CHCs: of 37 CHCs, 30 have a 6/30 FYE, 4 have a 9/30 FYE, 2 have a 12/31, and 1 has a 7/31 FYE.

Source: Data were obtained from CHC Audited Financial Statements for free-standing CHCs in FY06. For FY06, there were 37 CHCs included in this analysis.

Don't Have Health Insurance

Percent of All Massachusetts Residents

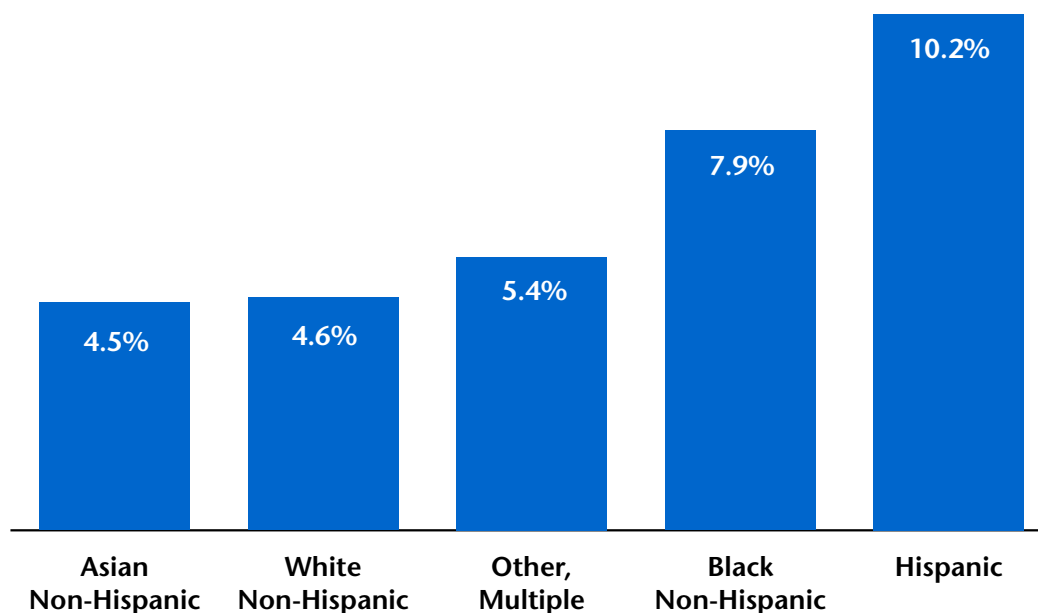


The overall uninsured rate for Massachusetts dropped from 6.4% to 5.7% from 2006 to 2007, and the number of people without coverage fell from 395,000 to 355,000, a 10% decrease reflecting the successful early implementation of health reform.

Source: DHCFP Household Survey for 2000, 2002, 2004, 2006, and 2007. The surveys from 2000 through 2006 are conducted between February through June of the survey years. The 2007 survey was conducted between January through July of 2007.

Uninsured by Race and Ethnicity

Percent of All Massachusetts Residents, 2007

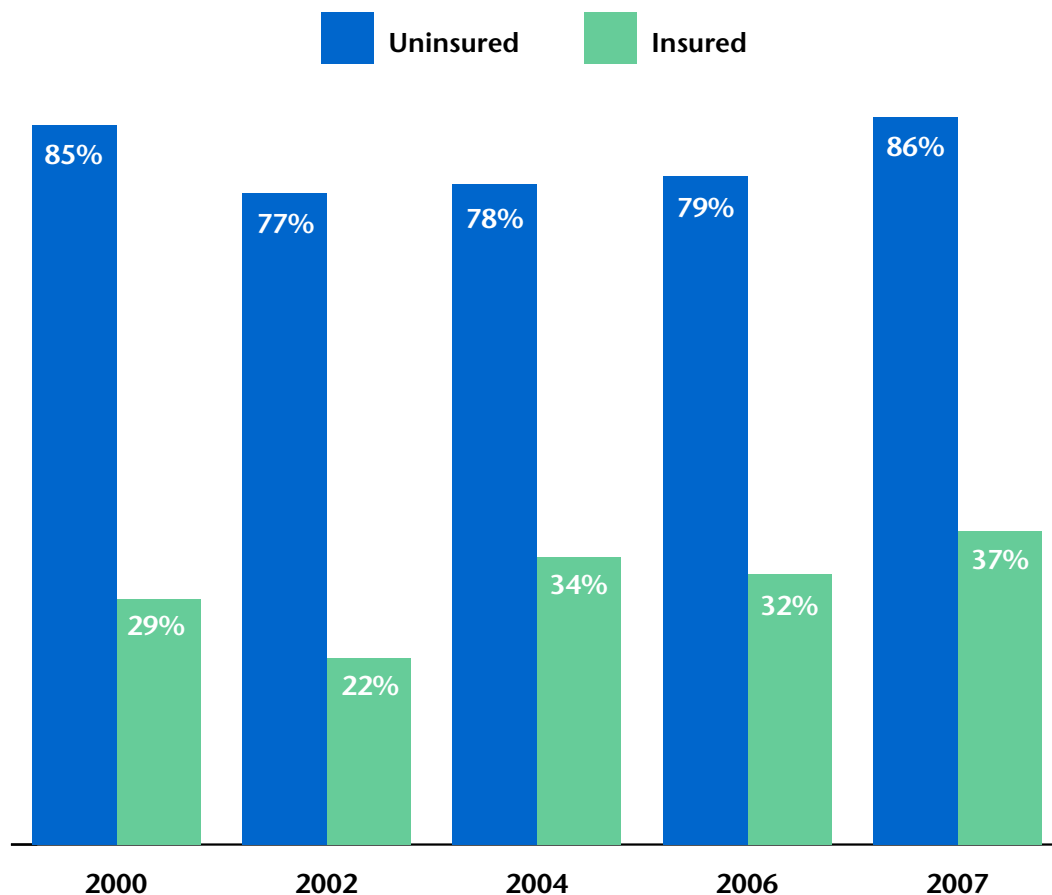


In 2007, 5.7% of all Massachusetts residents did not have health insurance. However, Hispanics and Black Non-Hispanic residents have higher rates of uninsurance when compared to other races and ethnicities.

Source: DHCFP Household Survey for 2007. The 2007 survey was conducted January through July of 2007.

Needed Care but Cost Was an Obstacle

Percent of Adults Ages 19 to 64

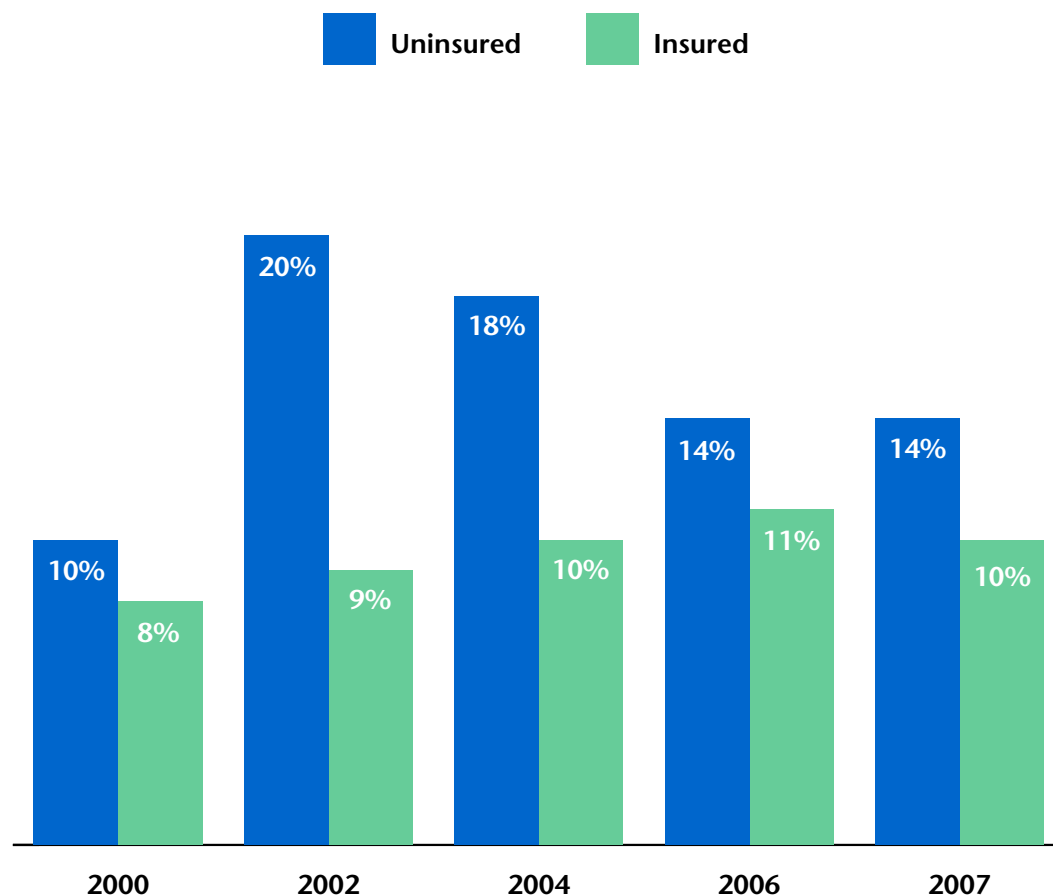


Cost appears to be a growing obstacle to accessing health care for Massachusetts residents and remains a significant barrier for most people without health coverage.

Note: In 2004 and 2006, the sample size doubled from survey years 2000 and 2002. In 2007, the sample size was about 16% smaller than in 2004 and 2006.
Source: DHCFP Household Survey for 2000, 2002, 2004, 2006, and 2007. The surveys from 2000 through 2006 are conducted between February through June of the survey years. The 2007 survey was conducted between January through July of the survey year.

Reported Being in Fair or Poor Health

Percent of Adults Ages 19 to 64

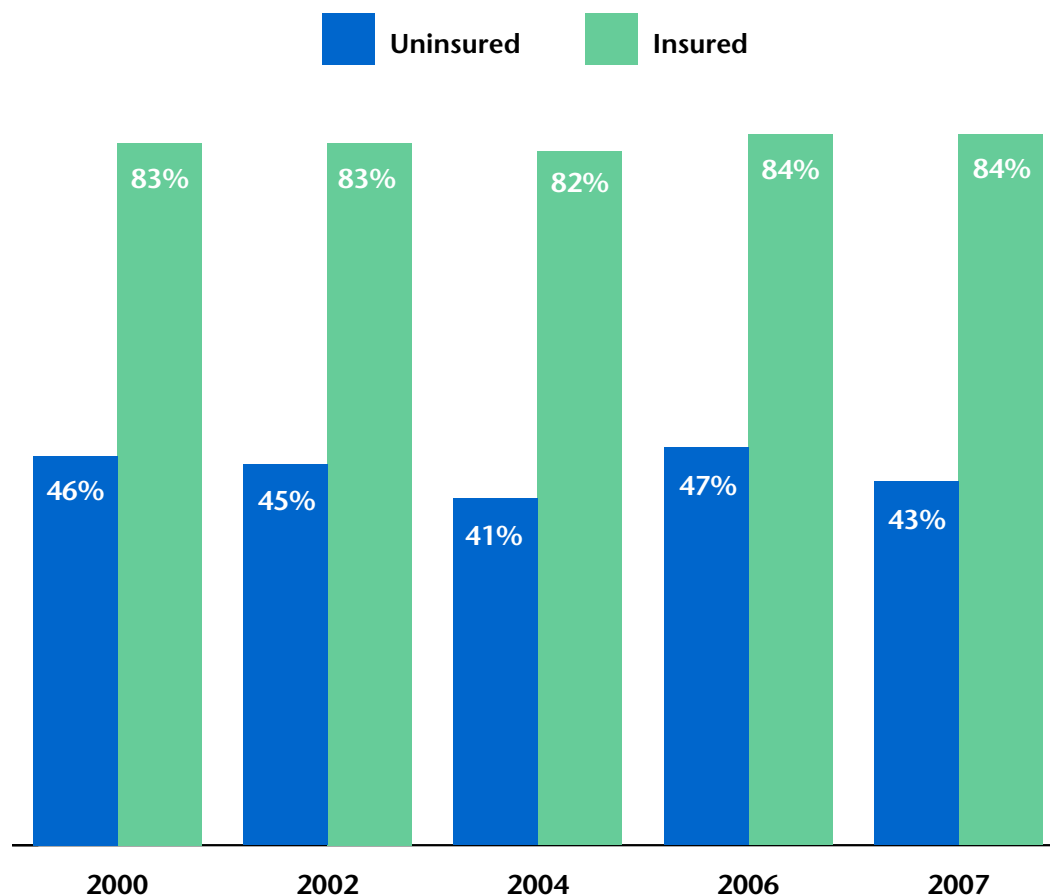


Most Massachusetts residents surveyed, both insured and uninsured, reported being in good or excellent health.

Note: The differences between insured and uninsured residents are statistically significant for 2002, 2004, and 2007.

Source: DHCFP Household Survey for 2000, 2002, 2004, 2006, and 2007. The surveys from 2000 through 2006 are conducted between February through June of the survey years. The 2007 survey was conducted between January through July of the survey year.

Reported Having a Dental Visit in the Past Year, Percent of Adults Ages 19 to 64

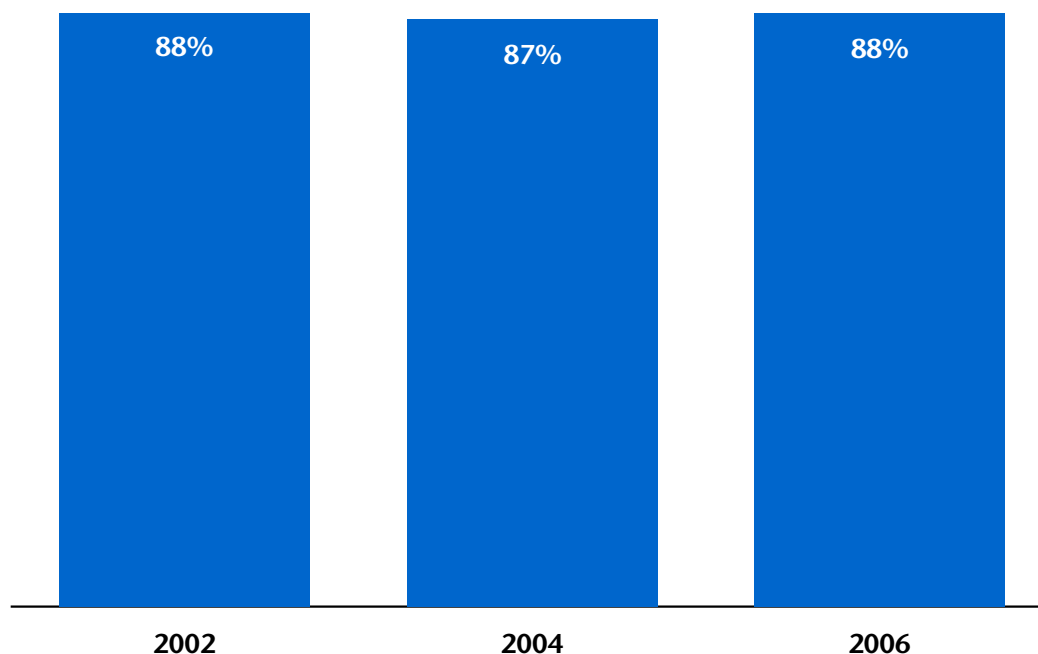


Only 43% of uninsured Massachusetts residents reported getting dental care in the past year compared to 84% of those with insurance coverage.

Source: DHCFP Household Survey for 2000, 2002, 2004, 2006, and 2007. The surveys from 2000 through 2006 are conducted between February through June of the survey years. The 2007 survey was conducted between January through July of the survey year.

Have a Personal Health Care Provider

Percent of Adults Ages 18+



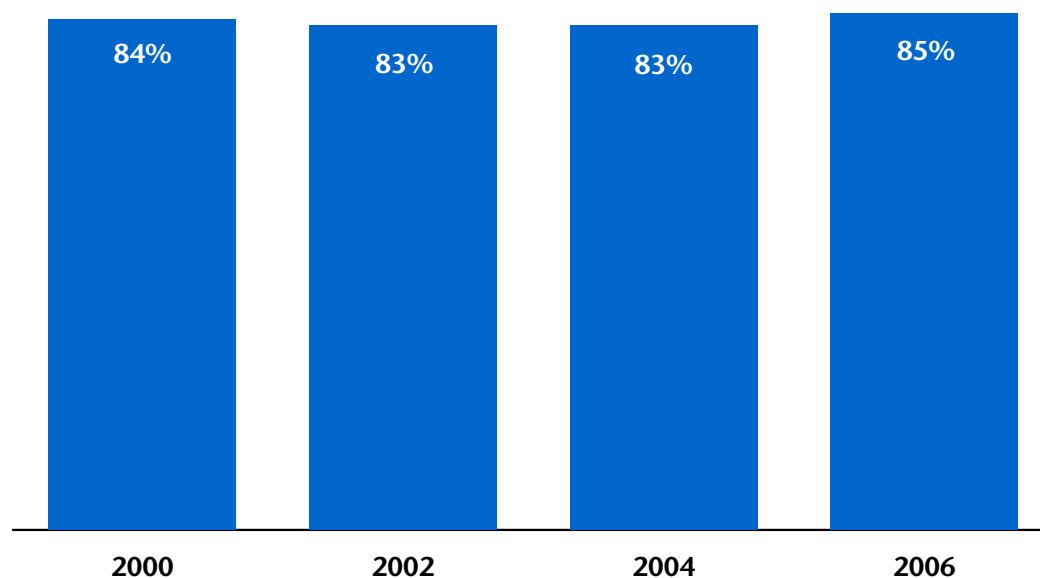
Percent of Adults Ages 18+ by Race/Ethnicity (Confidence Interval):

White	90% (89% - 91%)	90% (88% - 91%)	90% (89% - 91%)
Black	82% (77% - 87%)	88% (83% - 93%)	87% (83% - 92%)
Hispanic	70% (65% - 75%)	66% (60% - 72%)	70% (65% - 76%)
Asian	78% (71% - 85%)	83% (77% - 90%)	80% (72% - 89%)

The vast majority of Massachusetts residents surveyed reported having a personal physician, a percentage that has held steady over the past three survey periods. However, a significantly lower percentage of Hispanics and Asians reported having a personal physician compared to other racial and ethnic groups.

Source: Massachusetts Department of Public Health (DPH) results from the Behavioral Risk Factor Surveillance System (BRFSS) for 2002, 2004, and 2006. The BRFSS survey is conducted throughout the year.

Had a Mammogram in the Past 2 Years, Percent of Women Ages 40+



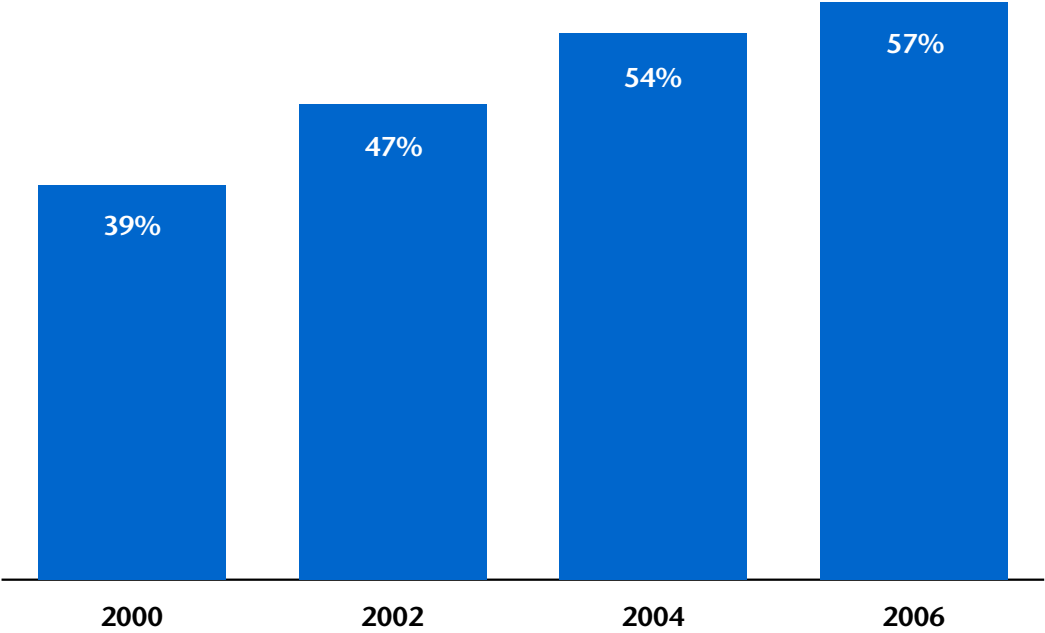
Percent of Women Ages 40+ by Race/Ethnicity (Confidence Interval):

White	84% (82% - 86%)	83% (81% - 85%)	82% (81% - 84%)	85% (84% - 87%)
Black	87% (80% - 95%)	82% (71% - 92%)	79% (64% - 95%)	80% (71% - 89%)
Hispanic	89% (84% - 94%)	86% (80% - 92%)	88% (82% - 93%)	87% (82% - 92%)
Asian	Insufficient Data	Insufficient Data	Insufficient Data	Insufficient Data

Source: Massachusetts Department of Public Health (DPH) results from the Behavioral Risk Factor Surveillance System (BRFSS) for 2000, 2002, 2004, and 2006. The BRFSS survey is conducted throughout the year.

Most Massachusetts female residents ages 40 and over reported having a mammogram to screen for breast cancer.

Had a Sigmoidoscopy or Colonoscopy in the Past 5 Years, Percent of Adults Ages 50+



Percent of Adults Ages 50+ by Race/Ethnicity (Confidence Interval):

White	39% (37% - 42%)	48% (45% - 50%)	55% (52% - 57%)	58% (56% - 60%)
Black	54% (41% - 67%)	49% (34% - 63%)	54% (41% - 66%)	60% (51% - 69%)
Hispanic	30% (20% - 40%)	35% (24% - 45%)	51% (41% - 61%)	49% (40% - 58%)
Asian	Insufficient Data	Insufficient Data	Insufficient Data	Insufficient Data

Source: Massachusetts Department of Public Health (DPH) results from the Behavioral Risk Factor Surveillance System (BRFSS) for 2000, 2002, 2004, and 2006. The BRFSS survey is conducted throughout the year.

The number of Massachusetts residents ages 50 and over that reported having a sigmoidoscopy or colonoscopy to screen for colorectal cancer has increased significantly since 2000.

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Publication Number: 1542

Cover Logo Design by Harry O. Lohr, Jr.